

Wisdom Support Limited

Wisdom Support Services Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 and 14 April 2016 and was announced. This was our first inspection of Wisdom Support Services Ltd at this location. Wisdom Support Services Ltd is a domiciliary care agency that provides personal care and support for people living in their own homes. At the time of this inspection they were providing personal care to 12 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People were supported, where required, to take their medicines as prescribed by health care professionals.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had access to health care professionals when they needed them.

People had been consulted about their care and support needs. Care plans and risk assessments provided information for staff on how to support people to meet their needs. People's care files included assessments relating to their dietary support needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through telephone monitoring calls and satisfaction

surveys. The manager carried out unannounced spot checks to people's homes make sure people were supported in line with their care plans. We saw a new quality monitoring form which the provider planned to use to monitor the quality of the service that people received. We were not able to assess the impact of the new system on people's care as the system was not in place at the time of inspection. We will assess this at our next inspection of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

There was enough staff available to meet the needs of people using the service.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified. People could access support in an emergency.

People were supported, where required, to take their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with eating and drinking or cooking meals this was recorded in their care plans.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and helpful.

People and their relatives, where appropriate, said they had been consulted about their care and support needs.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's support needs when they started using the service. Care plans were developed which included information and guidance for staff outlining how people's needs were to be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

The provider took into account the views of people using the service through telephone monitoring calls and satisfaction surveys.

The provider carried out unannounced spot checks to make sure people were supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the manager.

Wisdom Support Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service. We also looked at statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law

This inspection took place on 11 and 14 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised one inspector who attended the office on both days. They also visited three people using the service at their homes on the first day of the inspection. They looked at the care records of four people who used the service, staff training and recruitment records and records relating to the management of the service. They spoke with two people using the service, two relatives of a person using the service, three members of staff and the manager. They also spoke with a social care professional and asked them for their views about the service.



Our findings

People told us they felt safe. One person told us, "I am very safe with the agency. I don't have any worries at all." A relative said, "This is definitely the best agency to look after our loved one. They are safe; the staff actually spend quality time with them and treat them ever so well."

The service had policies for safeguarding adults and children from abuse. The manager was the safeguarding lead for the service. The manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff said they would report any concerns they had to the manager. The manager told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications and employment history. The manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service, their relatives and the manager told us there was always enough staff on duty to meet people's needs. One person said, "My care worker is never late, they are always on time. I've never been left without staff." A relative told us, "The staff turn up when they are supposed to. If they are running late, which isn't very often, they will give us a call. If we needed extra support the manager will always make sure it's arranged." The manager said staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged. People could access support in an emergency. One person told us, "I have a folder with the agency's number on the front. I can call the office if I need any help." Another person said, "I know how to contact the agency if I need to. I've got the managers direct number. The manager comes to see me too to make sure everything is good." We saw that people's care files included the contact details of the agency.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example on, moving and handling and eating and drinking. The risk assessments included information for staff about action to be taken to minimise the

chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment.

People were supported, where required, to take their medicines as prescribed by health care professionals. The manager told us that most people using the service or their family members looked after their own medicines. At the time of the inspection only one person required support from staff to take their medicines. We saw that this was recorded in the person care plan. We saw medicine administration records (MAR) were being completed by staff confirming that the person had taken their medicines. A member of staff said, "I have had training on administering medicines to people. Whenever I administer any medicines I record this in MAR in the persons care file." We saw records confirming that the manager had assessed this member of staff's competence in administering medicines. Another member of staff told us, "I don't currently support anyone to take their medicines but I get training on administering medicines. You never know, the people I support might need to take medicines at some point. So at least I will be prepared." Training records confirmed that all staff had received training on the safe administration of medicines. This ensured that staff had the necessary skills to safely administer medicines.



Our findings

People told us staff knew them well and knew what they needed help with. One person said, "My carer is great, he knows me really well and all the things he needs to do for me." A relative told us, "The staff are great and know what they are doing. They have had all the relevant training and know how to look after my loved ones particular needs. They have even met with a specialist health care professional who has given them advice on my loved ones condition."

Staff told us they had completed an induction when they started work and they were up to date with their training. They said initial shadowing visits with experienced members of staff had helped them to understand people's needs. One member of staff said, "I had an induction when I started and completed a lot of training. I also shadowed an experienced staff before I was permitted to work with anyone. I am up to date with all of my mandatory training." Another member of staff said, "I had an induction and training relevant to people's needs before I worked with them." The manager told us they planned to implement the Care Certificate for all newly recruited staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of social care workers.

Records showed that all staff had completed an induction programme when they started work and training that the provider considered mandatory. This training included fire safety, food hygiene, first aid, the safe administration of medicines, manual handling, infection control, safeguarding adults, equality and diversity and health and safety. The manager told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. We saw that staff had received training relevant to the needs of people using the service including Autism, diet and nutrition, epilepsy, physical intervention and the Mental Capacity Act 2005 (MCA).

Staff told us they received regular supervision and, where appropriate, an annual appraisal. They told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Records confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This

provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the agency was working within the principles of the MCA. The manager told us that most of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with shopping for food and cooking meals this was recorded in their care plans. We saw that one person who required support with eating and drinking had been referred to the speech and language therapy team (SALT). We saw a completed SALT assessment and plan was in place advising staff on how to safely support the person with eating and drinking. A member of staff told us they prompted independence by encouraging people to buy their own food and cook for themselves. A person using the service said, "I go shopping and buy my own food. I don't need any help with cooking. I can do that for myself."

People had access to health care professionals when they needed them. One person told us, "I can see my GP or dentist if I need to. I can make those arrangements myself." Some people had health action plans which took into account their individual health care support needs. They also had hospital passports which outlined their health and communication needs for professionals when they attended hospital. Records of health care appointments and visits were kept in people's files and explained the reason for the appointment and details of any treatment required and advice received. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One member of staff told us, "If I saw someone was unwell I would call for the GP, or an ambulance if I thought there was an emergency. I recently visited one person who had not been well. I called the GP and let my manager know what was happening. I recorded everything in the person's daily notes."



Our findings

People using the service and their relatives said staff were caring and helpful. One person used an electronic touch based communication system to express their needs and wishes. They also used Makaton, a language program which uses signs and symbols to help people communicate. Using this form of communication they told us, "The staff understand me very well, they know how to communicate with me and they know what my needs are." When asked if staff were caring they gave a big thumbs up. Another person said, "I really like my carer, he's caring, he's great. We play football, we go shopping and we do a lot of things together. When I am anxious he calms me down and makes me feel happy. I want him to stay working with me." A relative said about staff, "The staff are very kind and caring. They are really good at meeting my loved ones care needs and they are always pleased to see the staff. The staff take them out every day and do things they like. They send me pictures of my loved one taking part and enjoying various activities."

People said they had been consulted about their care and support needs. One person told us, "Yes I am aware of my needs. I don't need help with much as I am independent. I have discussed this all with my carer. We talk about my needs from time to time It's all down on paper." A relative told us, "I am fully involved in planning for my loved ones care and support needs. I attend all of the reviews. They ask me what my loved ones needs are and what they like and what they want. We are really impressed with the care plan and the person centred plan."

People were treated with dignity and respect. One person said, "My carer is always respectful to me. They listen to me and don't tell me what to do." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One staff member told us the people they supported were independent and did not require any support with personal care; however on occasions they might prompt them to purchase toiletries, shave or change their clothing. Another member of staff said they learned during their induction training that respecting people's privacy and dignity was a very important part of the job. They took their job seriously and always made sure they practiced what they had learned.

People were provided with appropriate information about the agency in the form of a 'Service Users Guide'. The manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.



Our findings

People told us they had care plans and they had regular discussions with the manager and staff about their care and support needs. One person told us, "I am very independent. I have a care plan and I know what's in it. My care worker knows too and does all the things it says. The agency has been fantastic to me for the last three and a half years. I am a very happy customer." A relative told us, "We have formed a really good relationship with the agency staff. They're excellent. We are happy with the care and support they provide."

A social care professional told us they were really impressed with the agency. They said, "My client has complex needs and receives live in care. The agency provides them with good personalised support. I have noticed improvements in the last twelve months, the agency managed to find two really good staff to support them, they know what they are doing and my client gets good care. The agency and staff work closely with health and social care professionals and always call if they have any concerns."

The manager told us there was a matching process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. They told us, for example, that most people using the service had autism and the whole team had received training on the topic. A member of staff told us, "The manager will always make sure I know what I'm doing otherwise I would not be allowed to support that person. I have had lots of training around peoples particular needs. That way I know I am fully equipped to do my job." A living in member of staff told us they had been supporting a person for one year. Before they started providing care to them they visited them to get to know them. They discussed the persons care needs and read their care plan and received training relating to the persons individual support needs.

We looked at people using the services care files. These held referral information from the local authorities that commission services from the provider. The referrals included a breakdown of peoples care and support needs. The files also included the agencies assessments which covered areas such as moving and handling, medical conditions, eating and drinking and the support people required with medicines and health and safety around the their homes. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives, where appropriate, had been consulted about their needs. A member of staff told us, "The care plans include good information about people and what we need to do for them. They are simple, straight forward and easy to understand." We saw that care plans were kept up to date to make sure they met people's changing needs. We also saw daily notes in people's homes that recorded the care and support that staff had delivered to people.

People and their relatives we spoke with said they knew about the agencies complaints procedure and they would follow the procedure if they needed to. One person said, "The complaints procedure is in my file. I don't need to even think about complaining. But I suppose I would call the manager if I needed to." A relative said, "We have never needed to complain about anything. We would just ring the manager and complain if we needed to." The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.



Our findings

A relative told us, "We have total faith in Wisdom, it's all well run and organised. They know exactly what they are doing. The manager comes out and does spot checks; they call us on the phone to ask if everything is okay. We can ring them at any time. It feels like the whole family are being supported."

The service had a registered manager in post. They had managed the service since opened in 2011. The manager was also the registered provider. Staff said they enjoyed working at the service and they received good support from the manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said, "I really enjoy working for this agency. The manager is supportive, always available. I can call him at any time if I need any help and he always responds quickly." A living in member of staff said, "The manager is very supportive. I can ask for help at any time and I will get it."

We saw records of unannounced spot checks carried out by the manager on care staff to make sure they turned up on time, wore their identification cards and supported people in line with their care plans. The manager also recorded the views of people using the service. A member of staff told us, "The spot checks are unannounced and can happen at any time. The last time I had one the manager watched how I followed the care plan and how I supported the person to take their medicines. They also checked with the person that I was doing things right." There was a telephone call monitoring system in place that made sure staff turned up to support people or stayed for the allotted time to provide care. The manager showed us a log of these calls. We observed the manager contacting people using the service and staff throughout the course of our inspection, making sure people received care when they were supposed to.

The provider took into account the views of people using the service through annual satisfaction surveys. We saw a number of completed questionnaires from the January 2016 survey. The manager showed us a report from the survey which was shared with people using the service. The feedback had been very positive and none of the people that completed the survey had made any recommendations for improvement. The manager told us they continually used feedback from the surveys to evaluate and make improvements at the service.

The manager showed us records from audits carried out at some people using the services homes. These included checks on care files, menus, finances and general maintenance at their home. We saw that peoples care plans and risk assessments were kept under regular review, where people were supported to take their medicines we saw that medicines audits had been completed. Accidents and incidents and complaints were

recorded and monitored. The manager told us that these were discussed with staff and measures were put in place to reduce the likelihood of these happening again. The manager told us they had recently recruited a compliance manager, their role would be to carry out regular audits and spot checks. They showed us a six month quality monitoring form which they planned to use to monitor the quality of the service that people received. Areas covered in the monitoring form included complaints, incidents and accidents, care files, risk assessments, spot checks, call monitoring, staff files, staff recruitment, supervision and training. We were not able to assess the impact of the monitoring system on people's care as the system was not in place at the time of inspection. We will assess this at our next inspection of the service.